

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101540972

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
<del>2</del>						
<del>3</del>						
4						
5						
6						
7						
8						
9						
10						
11						
12						
<del>13</del>						
<del>14</del>						
<del>15</del>						
16						
17						
18						
19						
<del>20</del>						
21						
22						
23						
<del>24</del>						
<del>25</del>						
<del>26</del>						
27						
28						
29						
30						
31						
32						
<del>33</del>						
<del>34</del>						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
<del>53</del>						
54						
55						
56						
57						
58						
59						
60						
61						
62						
<del>63</del>						
64						
<del>65</del>						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	14	↓		↓
TOTAL DEP.		←	58	←		←
TOTAL CLAIMS			72			

BEST AVAILABLE COPY